DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

Attorney's Docket No. 202-1001 (FGT 1829 PA)

As a below named inventor, I hereby declare:

My residence, post office address and citizenship are as stated below next to-my name;

I verily believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled

AUTOMOTIVE SIDE IMPACT PROTECTION

the specification of which is attached hereto.

I have reviewed and understand the contents of the specification identified above, including the claims.

Lacknowledge my duty to disclose information of which Lam aware that is material to the examination of this application in accordance with Section 1.56(a), Title 37 of the Code of Federal Regulations; and as to application for patents or inventor's certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representatives or assigns,

- x no such applications have been filed, or such applications have been filed as follows:
- [] I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

COUNTRY	APPLICATION NO.	DATE OF FILING (month, day, year)	DATE OF ISSUE (month, day, year)	PRIORITY CLAIMED UNDER 35 USC 119	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SS/028 attached hereto.
application designs not disclosed in U.S.C. § 112, I a	e benefit under 35 U.S.C. nating the United States, no the prior United States of cknowledge the duty to die between the filing date of	listed below and, insoft or PCT International ap- sclose information whi	ar as the subje of mat plication in the manne ch is mater ial to pater	ter of each of the claims or provided by the first particular of the mability as defined in 37	of this application aragraph of 35 CFR § 1,56 which
(Application Number)		(Filing Date)	(Status -	patented, pending, abandoned)	
(Application Nun	nber)	(Filing Date)	(Status -	patented, pending, aba	indoned)
	ORNEY: - I/we hereby a olication identified above, fices.				

Address all correspondence and telephone calls to: Customer No. 028549

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Southfield, MI 48034

Telephone: 248 223-9500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

NAME AND MAILING ADDRESS OF	RESIDENCE	CITIZENSHIP	SIGNATURE	DATE
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